

MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Patient Discharges	
Policy Number: CTP 23	Standards/Statutes: MCA 53-24-208 ARM 37.27.115, 130
Effective Date: 01/01/02	Page 1 of 5

PURPOSE: To outline the proper procedure for staff to follow related to the different types of discharges at MCDC.

POLICY: MCDC is a voluntary, residential co-occurring treatment program, with a variable length of stay. There are various types of discharges for patients depending on certain considerations at the time of discharge, i.e. if the patient has completed the treatment program, the medical and/or psychiatric stability of the patient, the patient's desire to stay in treatment. The types of discharges include:

General: the patient has completed the goals of their individualized treatment plan.

AMA: the patient chooses to leave against staff advice.

At Staff Request: the patient's behavior is disruptive and/or aggressive and is interfering with other patients' treatment.

Medical: the patient's medical or psychiatric needs are beyond the scope of care provided by the program.

I. PROCEDURE FOR GENERAL DISCHARGE:

A. Criteria are based upon the patient's individual needs and progress. The treatment team assigned to the patient will make the determination for discharge as the patient meets the established goals and objectives listed on the individual treatment plan. Evaluation of the achievement of the individual goals will be assessed related to the *Stages of Change* and the *learning level* related to each dimensional problem the patient has achieved.

1. As the patient nears completion of treatment, the treatment team will make recommendation for continued care, i.e. outpatient, IOP, medical, psychiatric etc.

Prior to discharge, referral appointments will be made with continuing care providers and documented on the continuing care plan

2. The team will discuss discharge plans and the date of discharge with the discharge committee at least one week before the tentative discharge date or at anytime the date may need to be changed for various reasons. If the discharge date is to be changed, the team counselor will make the changes on the appropriate forms in TIER reflecting the new date.
3. The team counselor will communicate the discharge date to the nursing staff as soon as the date is established and enter the discharge information in the discharge logbook.
4. At the time the patient is leaving, the items that are in lockup for safekeeping will be returned to the patient and they will sign the clothing item list indicating they received those items.
5. The chart will be torn down and submitted to medical records for process the day the patient leaves treatment.

PROCEDURE FOR AMA DISCHARGES:

- A. If a patient requests to leave the program against staff advice, the staff will try to encourage the patient to stay. If there are legal issues or DFS involvement, the staff will explain the consequences of leaving against advise. The patient will be informed that if they want to return to treatment after leaving there is a process they will need to follow for re-admission. At no time will the staff physically restrain a patient that wants to leave AMA.
 1. If the patient insists on leaving the staff will complete an AMA form, documenting the patient's reason for leaving, and have patient sign the form. The original copy goes into the patient's chart, one copy goes with the patient, and one copy goes to the clinical supervisor.
 2. If the patient is intoxicated, under the influence of sedative-hypnotic drugs for detoxification, or mentally unstable the staff will make every effort to encourage the patient to stay until they are more stable. If the patient insists on leaving AMA in this condition, the nursing staff will assess the patient's condition and if the patient is unstable, the nurse will arrange supervised transportation by family or friends. If the patient refuses this arrangement for transportation or the condition is so severe, the crisis response team will be contacted or the Butte police will be notified about the AMA discharge and the patient's condition.
 3. If the AMA discharge occurs in the evenings or weekends and the appropriate release

of information forms have been signed, the staff on duty will attempt to notify via phone any legal referent of the AMA discharge. Also, the staff will notify the clinical supervisor of the AMA. Any notification via phone by evening or weekend staff should be documented in the patient chart on the progress notes.

4. The team counselor will follow up on the next business day with the providers there are releases for.
5. All discharge information will be entered in the discharge log.

PROCEDURE FOR DISCIPLINARY DISCHARGE:

- I. If a patient presents with behaviors that are disruptive, threatening, or are interfering with other patients' successful treatment, a patient may receive a disciplinary discharge. As a general rule, when a patient presents with behaviors that are viewed as disruptive or interfering, the situation will be clinically staffed with the treatment team, and the patient will be given every opportunity to correct the behavior, i.e. individual counseling, verbal warning, written contract etc.
 - A. If a patient chooses to ignore attempts by staff to re-direct such behavior, the situation will be again clinically staffed. Depending on the outcome of further staffing, a decision to discharge the patient for disciplinary reasons may be made.
 1. If a patient presents with hostile/threatening behavior and the safety of staff and/or other patients is at risk, a more immediate decision to discharge a patient for disciplinary reasons may need to be made. Again, this behavior is looked at on an individual basis. If the patient presenting with hostile behavior is intoxicated at the time of admission, the staff will attempt to re-direct the patient, understanding the patient is under the influence. But the safety of the staff and other patients is always primary. Monday through Friday, 8 am to 4:30 p.m., the Director and/or the Clinical Supervisor will make the final decision for this more immediate disciplinary discharge. On weekends and nights, this decision will be made by the charge nurse in conjunction with phone consultation with the on-call supervisor.
 2. If the disciplinary discharge occurs in the evenings or weekends and the appropriate release of information forms have been signed, the staff on duty will attempt to notify, via phone, any legal referent of the disciplinary discharge. Any notification via phone by evening or weekend staff should be documented in the patient chart.
 3. The Director or his designee makes the final decision for any disciplinary discharge.

PROCEDURE FOR NON-URGENT MEDICAL DISCHARGE:

- I. If the physician on call determines a patient has a non-urgent medical or psychiatric condition that is beyond the scope of care provided at MCDC, the medical/nursing staff will explain to the patient the reasons for discharge.

- II. The nursing supervisor, clinical supervisor, and the patient's team will be notified of the decision for discharge.
- III. As possible, the physician will make a referral to the appropriate outside
- IV. Medical provider on call. A release of information form must be signed prior to the referral.
- V. The medical/nursing staff will document in the patient's chart the reason for the medical discharge.

PROCEDURE FOR EMERGENCY MEDICAL DISCHARGE:

- I. In the event of a medical emergency, the nursing staff will initiate transportation via ambulance to an acute care facility as described in the AMBULANCE SERVICE POLICY AND PROCEDURE, and will provide emergency support services until the arrival of the advanced care.
- II. A transfer form will be completed and a copy of the form will accompany the patient to the hospital. The original will go in the patient's chart, with copies going to the director and reimbursement.
- III. All events that pertain to the patient's condition and need for emergency medical services will be documented in the patient chart. All communication between MCDC and the acute care facility should also be documented in the patient's chart.
- IV. If the ER physician at the hospital determines that the patient requires admission, the patient will be discharged from MCDC. If the patient requires only ER services, the patient will be returned to MCDC when treatment is completed at the ER, and the patient will not be discharged.
- V. If the patient has been admitted to the hospital, the patient may be allowed re-admission to MCDC at the completion of the hospital stay.

PROCEDURE FOR ALL DISCHARGES:

- I. As a means of communication, counselors will record all upcoming discharges in the discharge logbook located at the second floor nursing station as soon as the discharge date is established. The patient's name, counselor, type of discharge, destination and means of transportation are listed. The medication nurse checks the book each day so they know when to order discharge medications. The nightshift T.S.'s check the book each night, and for any patient listed for discharge in the morning, they disassemble the chart and get the patient's belongings out of lock-up.
- II. The patient is required to remove all bedding from their room and place it in the laundry hampers provided on each floor.
- III. Just prior to the patient leaving MCDC, any personal items placed in safe
- IV. Keeping are returned to the patient, with the patient signing the belonging sheet to indicate the

